

**DISTRICT OF COLUMBIA**

**MEMORANDUM OF UNDERSTANDING**

**AND**

**INTERAGENCY AGREEMENT**

**ON**

**CHILD SEXUAL ABUSE**

**INVESTIGATION,**

**PROSECUTION, AND**

**PREVENTION.**

**March 7, 2001**

**DISTRICT OF COLUMBIA**  
**MEMORANDUM OF UNDERSTANDING AND INTERAGENCY AGREEMENT**  
**ON CHILD SEXUAL ABUSE INVESTIGATION, PROSECUTION AND**  
**PREVENTION**

On September 27, 1995, agencies under the direction of the Mayor of the District of Columbia (including the Metropolitan Police Department; the Office of the Corporation Counsel; and the Department of Human Services, now known, in relevant part, as the District of Columbia Child and Family Services Agency), along with the Court Social Services Division of the Superior Court of the District of Columbia; the United States Attorney's Office for the District of Columbia; and the Division of Child Protection at Children's National Medical Center (now known as the Freddie Mac Foundation Child and Adolescent Protection Center at Children's Hospital) entered into an Interagency Agreement on Child Sexual Abuse Investigation, Prosecution and Prevention (hereafter, the "1995 Interagency Agreement").

In the 1995 Interagency Agreement, the signatories pledged to work together to address the problem of child sexual abuse in the District of Columbia. They agreed to work in concert as a multidisciplinary team which focuses first, on the needs of the child victims of sexual abuse, second, on the law enforcement, prosecution and related civil proceedings, and third, on the needs of the family members who support the best interests of the child. They agreed to support the development and implementation of the Children's Advocacy Center, a child-friendly place where children can be interviewed, assessed, treated and prepared for court. They agreed to follow a common protocol for investigating allegations of child sexual abuse, to commit the resources necessary to effectuate these common goals, to seek to resolve any differences that might arise between agencies, and to give highest priority to the welfare of the child victims.

By this amended Interagency Agreement we, the undersigned agencies, and the Safe Shores Children's Advocacy Center which has emerged to serve D.C. children since the 1995 Interagency Agreement, reaffirm and update the investigation protocol and the principles set forth in the 1995 Interagency Agreement. We recognize that since the 1995 Interagency Agreement was executed, member agencies have experienced, and will continue to experience, structural changes which impact on the coordination of our efforts to address the problem of child sexual abuse. The attached protocol recognizes these changes and adds additional signatories to this important effort. The signatories will continue to work together, in the context of this Interagency Agreement, to develop the best intake and investigation practices possible. The Social Services Division of the Superior Court of the District of Columbia joins this agreement to the extent that it encompasses its functions as mandated by statute and Court rules. We hereby adopt the attached protocol, thereby superseding the investigation protocol dated September 27, 1995.

The Honorable Anthony A. Williams  
Mayor  
District of Columbia

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District of Columbia

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Paul L. Vance, Superintendent  
District of Columbia Public Schools

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Kimberley A. Shellman, Executive Director  
Safe Shores, D.C. Children's Advocacy Center

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Dated March 7, 2001

## **THE DISTRICT OF COLUMBIA CHILD SEXUAL ABUSE INVESTIGATION PROTOCOL**

### **I. Introduction**

On January 10, 1994, Mayor Sharon Pratt Kelly issued Executive Order No. 94-3, establishing a District of Columbia Working Group to Create a Multi-Disciplinary Team Approach to Child Abuse Cases and a District of Columbia Children's Advocacy Center. The working group mission was:

[t]o provide a safe and supportive place for physically and sexually abused children and adolescents in the District of Columbia to be brought for intake, crisis intervention, and other support services required during court proceedings and to utilize an interagency team in the investigation and prosecution of civil and criminal child abuse cases.

On September 27, 1995, agencies under the direction of the Mayor of the District of Columbia (including the Metropolitan Police Department; the Office of the Corporation Counsel; and the Department of Human Services, now known, in relevant part, as the District of Columbia Child and Family Services Agency), along with the Court Social Services Division of the Superior Court of the District of Columbia; the United States Attorney's Office for the District of Columbia; and the Division of Child Protection at Children's National Medical Center (now known as the Freddie Mac Foundation Child and Adolescent Protection Center at Children's Hospital) entered into an Interagency Agreement on Child Sexual Abuse Investigation, Prosecution and Prevention (hereafter, the "1995 Interagency Agreement"). In the 1995 Interagency Agreement, each agency pledged itself to work toward the development and implementation of the Children's Advocacy Center (hereafter "CAC"), a child-friendly place where children can be forensically interviewed, assessed, treated and prepared for court.

We now reaffirm these basic principles and agree:

- to develop, achieve and maintain interagency and inter-professional cooperation in case management and handling of child sexual abuse cases;
- to provide a multi-disciplinary team (hereafter a "MDT") and case management approach which is focused first, on the suspected child victim's needs, second, on the law enforcement, prosecution and civil proceedings involved, and third, on the family members who are supportive of the child and whose interests are consistent with the best interests of the child;
- to obtain and preserve evidence useful for both civil proceedings and criminal prosecution;
- to support and use the CAC, a child-oriented facility which will assist in coordinating the work of the agencies and in bringing other community resources

- to bear upon the issue of child sexual abuse;
- to provide extensive initial cases screening, assessment, and validation procedures in order to promptly exonerate the accused or proceed with appropriate civil and/or criminal actions;
- to reduce to an absolute minimum the number of interviews to which a sexually abused child is subjected;
- to participate in bi-weekly team case management and review meetings and to share pertinent information;
- to provide extensive and continuing training and education, for agency personnel and other professionals and volunteers in the community who work with sexually abused children;
- to serve as a source of information, education, and referral for the community on issues surrounding sexually abused children; and
- to seek changes in the law as necessary to achieve our other goals.

This protocol is designed to give guidance to member agencies on how to utilize the CAC to maximize efficient and effective investigations while minimizing the trauma to child victims of sexual abuse. The terms of this protocol replace the provisions of the protocol dated September 27, 1995.

Each agency participating in this agreement understands that it remains solely liable for the actions of its employees. Each agency agrees that there is no liability to the team by virtue of this agreement to coordinate services.

## **II. Definitions**

- A. The term “child” is defined as any person under the age of 18 years.
- B. The term "sexual abuse" shall be defined so as to include, but not be limited to:
  - 1. Criminal Matters:
    - a. any offense under Subchapter II of Chapter 41 of Title 22 of the District of Columbia Code;
    - b. any of the following offenses under Title 22 of the District of Columbia Code: forcible rape, statutory rape, carnal knowledge (Section 2801); taking incident liberties with a minor child (Section 3501(a) ); enticing a minor child (Section 3501(b)); and sodomy on a minor child (Section 3502) as those sections were designated

prior to their repeal in 1995;

c. any of the following offenses under Title 22 of the District of Columbia Code, if committed against a minor: lewd, indecent, or obscene acts (Section 1112); incest (Section 1901); prostitution (Section 2701) or exploitation.

d. any offense which includes the attempt, conspiracy to commit, or assault with the intent to commit any of the above.

## 2. Family-Civil Matters:

a. any allegation of sexual abuse under Title 16, Section 2301 of the District of Columbia Code, Subsection 9(a) through (f) inflicted by individuals falling within the definition of Title 16, Section 2301, Subsection 12;

b. any allegation of sexual abuse, including failure to protect from infliction of sexual abuse or unexplained injury or illness relating to sexual abuse, as defined in Title 16, Section 2301, Subsections 9(a) and Subsection 23 and Section 2316(c), involving individuals falling within the definition of Title 16, Section 2301, Subsection 12;

c. any allegation of child sexual molestation, exploitation or prostitution as defined in Title 16, Section 2301, Subsection 25, involving individuals falling within the definition of Title 16, Section 2301, Subsection 12.

## III. Composition of the Interagency Team

The interagency team shall be composed of at least one representative of each of the following agencies and organizations:

Court Social Services Division of the Superior Court of the District of Columbia (“CSS”)<sup>1</sup>

The District of Columbia Child and Family Services Agency (“CFSA”)

The Freddie Mac Foundation Child and Adolescent Protection Center at Children’s National Medical Center (“CNMC”)

Metropolitan Police Department (“MPD”)

Office of the Corporation Counsel, Abuse & Neglect Section (“OCC-ANS”)

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<sup>1</sup> Pursuant to a Memorandum of Understanding dated November 30, 2000, between Mayor Anthony A. Williams and Chief Judge Rufus G. King III, and pursuant to D.C. Act 13-590, it is anticipated that the functions of the Superior Court Social Services Division will be transferred to the Child and Family Services Agency on or about October 1, 2001. Thereafter, Court Social Services members will not remain members of the Team.

Office of the Corporation Counsel, Juvenile Section (“OCC-JS”)

United States Attorney’s Office, Sex Offense and Domestic Violence Section (“USAO”)

United States Attorney’s Office, Victim/Witness Assistance Unit

#### **IV. Population to be Served**

At present the CAC and the interagency team will focus on all sexual abuse cases involving child victims. Any child victim of sexual abuse may be brought to the CAC.

#### **V. Reporting Child Sexual Abuse**

A. District of Columbia law set forth at Title 2 of the District of Columbia Code, Sections 1351-1357 mandates that certain persons who know, or have reasonable cause to suspect, that a child has been the victim of, or is in immediate danger of, mental or physical abuse or neglect shall make an immediate report to MPD or CFSA. These persons include physicians, psychologists, medical examiners, dentists, chiropractors, registered nurses, licensed practical nurses, persons involved in the care and treatment of patients, law enforcement officers, school officials, teachers, social service workers, day care workers, and mental health professionals. In addition to those persons who are required to make a report, any other person may make report to MPD or CFSA.

B. Reports of child sexual abuse are generally made to a centralized child abuse and neglect hotline staffed by CFSA employees at (202) 671-SAFE or (202) 671-7233. CFSA hotline workers will gather pertinent information about the allegation and transmit it to MPD personnel. In emergencies child sexual abuse cases will be received by MPD Hotline 911.

C. When MPD receives such a report from the hotline or from any other source it will begin an investigation. If MPD determines that the allegation requires interagency review, as described more fully below, it shall notify the CAC pursuant to the procedures set forth in this agreement.

#### **VI. Joint Agency Response**

A. Availability of Personnel - MPD and the Child and Family Services Agency shall ensure that trained professionals are available at all times to respond to reports of child sexual abuse. All other agencies shall designate a representative who shall be on call in the event that advice or services are required during non-business hours.

## B. Initial Investigation

1. Each reported allegation of child sexual abuse shall be investigated by an MPD detective or investigator assigned to handle such cases. The lead detective or investigator shall be responsible for: determining whether the victim needs medical assistance; ascertaining the identity of the alleged perpetrator; detaining the suspect if he/she is on the scene; preserving the evidence; interviewing the victim and other witnesses; and processing the arrest of the perpetrator. Cases where the suspect is, or may be, a parent, caretaker or other responsible person, and cases where the suspect may still be on the scene shall be treated as emergency priority matters pursuant to existing police protocols.
2. The lead detective or investigator shall notify CFSA and conduct a joint investigation of alleged sexual abuse offenses in which: a child was, or will be, removed from the home; a caretaker has failed to protect a child from sexual abuse; where a perpetrator has not been identified; and/or there is no explanation for abnormal physical findings from a sexual abuse examination.
3. The lead detective or investigator is responsible for ensuring the safety of all persons present and securing the scene. The lead detective will gather information to be used in civil and criminal proceedings, initiate an arrest or prepare warrant(s) for the arrest of the offender(s) as appropriate. In all cases where there is a report of child sexual abuse, each witness should be interviewed separate and apart from the presence of any other potential witnesses. In cases referred to CFSA, the primary responsibility of the CFSA social worker is the welfare and placement of the child and any siblings.
4. The role of the CFSA social worker during the joint investigation is to ensure the child's or children's safety and assess the child's need for medical attention and/or need for subsistence, without supplanting the role, responsibility, or authority of the MPD officer; conduct the initial social investigation; support and maintain the family unit, if at all possible; provide rehabilitative services to the child and family; and address the immediate and on-going placement needs of the child. While on the scene, the CFSA worker shall observe the MPD interviews of the victim or other witnesses; evaluate the level to which the child's basic physical and development needs are being met (or not met); ensure the environment is secure and healthy for the child; assess the caregiver's relationship with the child; appraise the possible causation factors of the incident; collect information to complete necessary safety, risk, family, and social support assessments; gather medical history information and obtain signatures on needed consent forms; explain the intake process and



services deemed appropriate. The primary responsibilities of the CFSA social worker are ensuring the safety, welfare, and placement of the child and any siblings, and identifying and providing needed services and support in consultation with the lead detective.

5. If, after an initial investigation of a report of alleged child neglect, the CFSA social worker determines that the caretaker has failed to protect a child from sexual abuse or is not able to explain an injury or illness relating to sexual abuse, the CFSA worker shall immediately contact the Youth and Preventive Services Division of the MPD and request that a detective be assigned for the purpose of conducting a joint investigation. Upon receiving a report of alleged sexual abuse in which: a child was, or will be, removed from the home; a caretaker has failed to protect a child from sexual abuse; where a perpetrator has not been identified; and/or there is no explanation for abnormal physical findings from a sexual abuse examination, MPD and CFSA should conduct a joint initial investigation.

### C. Medical Examinations

1. The interagency team recognizes that a city-wide protocol for the medical examination of all victims of child sexual abuse is required to ensure the safety and well-being of the child victims and to facilitate the effective collection of forensic evidence. CNMC, working with its Freddie Mac Foundation Child and Adolescent Child Protection Center team and child-oriented health care, is the preferred location for all child sexual abuse examinations. The parties agree to the below procedures to ensure that all child sexual abuse victims are properly examined and treated:

2. If the report is made within 72 hours of the of the alleged assault, or if the child is unable to say how much time has elapsed since the sexual assault, the following procedures should be followed:

a. Where the report comes to the attention of MPD from the victim as part of a walk-in report, on the scene investigation, or non-medical referral, MPD will offer the parent or guardian the option of taking the child to CNMC or D.C. General Hospital (or successor) for an examination. To facilitate proper evidence collection, MPD will discourage the parent or guardian from taking the child to a private provider. MPD will inform and explain to the parent or guardian why it is important to have a skilled forensic examination performed immediately, and that the child may see his or her private provider for a follow-up examination.

b. Where the report comes to the attention of MPD from a hospital emergency room or private medical health professional, MPD will

provide an examination kit, if necessary, to the medical health professional for the purpose of a forensic examination.

c. At the time of the initial examination, the lead detective, is responsible for: (1) obtaining the authorization of the parent or guardian to release information about the examination and related medical records to the police and prosecution<sup>2</sup>; (2) determining where and when the follow-up examination will be conducted; and (3) providing the parent or guardian with a check list of areas that should be followed up on in a subsequent visit to CNMC, D.C. General Hospital (or successor), or the child's private physician<sup>3</sup>.

d. Following the initial examination, the lead detective, in conjunction with any CFSA social worker assigned to a joint investigation, is responsible for: (1) contacting the follow-up provider to ensure that an examination is performed, cultures are taken or reviewed, and that other appropriate treatment is obtained; (2) determining whether the child kept the follow-up appointment; (3) retrieving the results of the examination from CNMC, D.C. General Hospital (or successor) or other health care provider; (4) obtaining a legible copy of the medical-legal form by photocopying the page completed by the examining physician.

3. If the report is made more than 72 hours after the alleged assault, the following procedures will be followed

a. All children 12 years of age or younger alleging **any** type of sexual assault or contact shall be taken for an examination (both physical examination and cultures) within 48 hours and in accordance with the procedures described above. MPD will use its discretion as to whether a forensic evidence collection kit is required.

b. All children between the ages of 13 and 17 alleging any penetration, attempted penetration, or oral-genital/anal offense, will be taken for a sexual assault examination. The examination should be conducted within 48 hours and in accordance with the

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<sup>2</sup> MPD should use either Part I of the form contained in the forensic examination kit, or the medical records release form (See Attachments A & B).

<sup>3</sup> MPD should use the Sexual Assault Follow-Up Checklist (See Attachment C).

procedures described above. MPD will provide and collect forensic evidence collection kits in all cases of penetration, alleged penetration, or oral-genital/anal abuse allegations.

c. MPD shall use its discretion in taking a child for an examination where the child has alleged sexual assault by fondling. In cases where MPD determines that such an examination is appropriate, they shall follow the procedures set forth above. In cases where MPD determines that an examination is not required for forensic evidentiary purposes, this does not preclude the parent or guardian from taking the child to a primary care physician for an examination.

#### D. Initial Interview with Child on Scene

1. On the scene, the lead detective or investigator shall, when necessary and appropriate and to the extent required, conduct an interview with the child, the reporting person, the non-offending parent or caretaker, and any other witnesses to obtain information to advance the investigation and the removal or protection decision.

2. In conducting an interview with a child victim of sexual abuse and related witnesses, the lead detective should always keep in mind the following principles:

- a. The goal of the interagency team is to reduce the number of interviews of a traumatized child to the absolute minimum.

- b. If the child is to be subsequently interviewed at the CAC, the on-scene interview should be kept to the minimum necessary to give the detective the information needed to proceed to the next stage of the investigation. The child should be interviewed separate and apart from all other persons.

- b. Many child sexual abuse cases are the result of intra-family offenses. Pursuant to D.C. Code Section 16-1031, once a police officer has probable cause to believe that an intra-family sex abuse offense has occurred, the officer must arrest the offender: an arrest warrant is not required.<sup>4</sup> A lead detective or investigator responding to the scene of an allegation of child sexual abuse must

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<sup>4</sup> An 'intra-family' offense in general is defined as "an act punishable as a criminal offense committed by an offender upon a person: (A) to whom the offender is related by blood, legal custody, marriage, having a child in common, or with whom the offender shares or has shared a mutual residence; or (B) with whom the offender maintains or maintained a romantic relationship not necessarily including a sexual relationship." D.C. Code Section 16-1001(5).

be careful to perform a sufficient investigation on the scene to determine whether there is probable cause to effect a mandatory arrest.

c. If the child is not able to communicate on the scene, the lead detective should stop all efforts to conduct an interview. A team member should inform the child that he or she and the reporting person or non-offending parent or caretaker (if available) will be taken to the CAC to provide support and reassurance.

E. Other Investigative Measures - The detective or lead investigator will follow MPD guidelines and protocols for interviewing witnesses, obtaining a statement from the offender, if possible, and gathering all physical evidence.

F. Termination of Investigation with No Further Action - If the joint investigation team is satisfied on the scene that neither criminal action nor removal or civil intervention is warranted in a given case, both the civil and criminal investigations shall terminate. It should be noted that if the criminal investigation is terminated, it is neither automatic nor should it be assumed that the civil investigation is terminated.

G. Notification to CAC - In all cases involving an investigation of child sexual abuse, whether or not the case has been referred to the CAC for interviewing as set forth below, the lead detective and/or the CFSA social worker shall notify the CAC of the case to ensure coordination of services, follow-up to the child and family, and systems records maintenance.

## **VII. Interviews at the CAC**

### **A. Classes of Cases to be Scheduled for an Interview**

1. Both emergency and non-emergency cases of child sexual abuse should be brought to the CAC for further assessment, investigation, interview, treatment, and coordination of services by the interagency team in accordance with the procedures described below.<sup>5</sup>

2. The lead detective or investigator should schedule an in-depth interview at the CAC in each case that involves an allegation of child sexual abuse where:

- (a) the child is 12 years of age or younger;
- (b) there is an intra-family relationship between the child

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<sup>5</sup> While the primary focus of the CAC at this stage is child sexual abuse, the CAC will make efforts to accommodate—on a case-by-case basis—interviews in other matters which involve the traumatization of children. These matters might include children who have been subjected to severe physical abuse and children who witness serious violence.

and the alleged offender, regardless of the age of the child;  
 (c) the child has emotional, developmental, learning or other disabilities;  
 (d) the child is non-communicative on the scene; or  
 (e) in addition to the sexual abuse allegations, the investigation reveals that the child or the siblings are experiencing abuse or neglect.<sup>6</sup>

3. In all other cases of reported child sexual abuse, the lead detective should use his or her sound discretion about whether a joint, in-depth interview at the CAC would further the interests of the child and the civil or criminal investigations.<sup>7</sup>

4. Where a lead detective determines that a CAC interview is not required in a particular case, except in circumstances outlined in Paragraph VII.A.2. above, that detective should nevertheless consider using the CAC as a child-friendly facility to conduct his or her own interview of the child.

5. Other interagency team members may also schedule interviews at the CAC for child victims of, and witnesses to, child sexual abuse in connection with a criminal or civil investigation according to these procedures.

6. It is the express agreement of the team members to review and modify, as appropriate, the terms of this Paragraph VII. A. upon expiration of one year from the date of the signatures herein, to ensure the most effective protection and services are being provided to child sexual abuse victims of the District of Columbia.

## B. Scheduling Procedures

1. In cases where a CAC interview is to be scheduled, the lead detective or investigator (or sponsoring interagency team member) should call the CAC directly at (202) 638-2575 - extensions 105, 106, 113, or 100 - to make an appointment. If the initial report is made during regular business

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<sup>6</sup> The lead detective must be alert to issues of abuse and neglect, even in child sexual abuse cases that are not the result of intra-family offenses. By way of example, a teenage girl reporting sexual abuse by an adult may very well be suffering from abuse and neglect issues that would warrant treatment by the CAC and the interagency team.

<sup>7</sup> In exceptional cases, children who should otherwise benefit from the CAC in-depth interview under paragraph VII. A. 3. a.-e. above may be needed by the United States Attorney's Office for an immediate grand jury appearance or other non-CAC located interview. Notification of such cases will be made to the CAC for follow-up interviews, coordination of services, referrals for services, and systems records maintenance.

hours, every effort should be made to have the child interviewed at the CAC before the close of the business day. In cases where the interview must take place after business hours, the lead detective will conduct the interview as necessary. Otherwise, the interview should be scheduled for the next business day or as soon thereafter as possible at the CAC. The lead detective should take care to schedule an interview when the child is alert, awake, and attentive. For most cases, pre-school children should be scheduled in the morning. Appointments for grade school children (K-6) should be scheduled for a time when they would normally be in school and, to the extent possible, in the morning. Adolescents may be scheduled at any time during the day, but efforts should be made to avoid conflicts with their school day if possible.

2. Walk-in Requests for an Interview - In the event that a child walks into the CAC without a prior appointment, the MPD-Youth and Preventive Services Division shall be notified and the investigation shall commence at the CAC. Other agencies shall be notified following the initial investigation by the lead detective.

3. Rescheduling Interviews - In the event that an interview is scheduled at the CAC and it is not held because the family fails to appear or other unforeseen circumstances arise to prevent the interview from going forward, the lead detective or investigator who requested the original interview at the CAC shall make best efforts to reschedule the interview within 72 hours of the time that the original interview was scheduled. Responsibility for notifying the child/caretaker regarding the new interview date and time and arranging transportation for the child to appear for the interview remains with the team member who requested the original CAC interview.

C. Instructions to Reporting Person or Non-Offending Parent - In cases where the police or social service agency is notified of suspected child sexual abuse and it is determined that a further interview should occur at the CAC, the reporting person or non-offending parent shall be asked to bring the child to the CAC for an intake interview. The reporting person or non-offending parent shall be instructed not to discuss the case with the child unless the child raises the subject, and not to confront the suspected offender or otherwise notify him of the pending investigation.

D. Transportation - It is the responsibility of the team member who requests a joint interview to resolve the issue of how the child victim will be transported to the CAC and inform the CAC staff. This issue will be resolved at the time of the interview request.

E. Medical Attention - If, during the course of a preliminary assessment or interview, it becomes apparent that a medical examination is necessary for the

child's health or safety, or to obtain evidence, the child (along with a non-offending parent, if present), shall be transported to CNMC, or to D.C. General Hospital (or successor) for an appropriate examination. (See aforementioned "Medical Examinations", Section VI. C.)

**F. Assembling the Interagency Team -**

1. In all cases of alleged child sexual abuse where an interview has been scheduled, the CAC shall notify the appropriate agencies of the planned interview as follows:

***AGENCIES TO BE NOTIFIED BY CAC***

<b>Type of Case</b>	<b>MPD</b>	<b>CFSA / CSS</b>	<b>USAO</b>	<b>OCC- ANS</b>	<b>OCC-JS</b>
Criminal Intrafamily (Adult Offender)	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	
Criminal Non-Intrafamily (Adult Offender)	<b>X</b>		<b>X</b>		
Criminal Intrafamily (Juvenile Offender)	<b>X</b>	<b>X</b>		<b>X</b>	<b>X</b>
Criminal Non-Intrafamily (Juvenile Offender)	<b>X</b>				<b>X</b>
Civil Intrafamily: Sex-related Abuse	<b>X</b>	<b>X</b>		<b>X</b>	
or Neglect (Unexplained Injury/Illness; Failure to Protect)					
Unknown Offender	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>

2. The team shall assemble at least 20 minutes prior to the scheduled appointment. The time before the beginning of the interview shall be used for the team to engage in a "pre-interview conference" to discuss briefly what is known about the case and the general outline of the interview. If a notified agency has determined in advance of the interview that it does not have an interest in a pending interview<sup>8</sup> it shall not be required to attend.

3. a. When a child is represented by counsel (e.g., a guardian ad litem) in connection with the sexual abuse that will be the subject of the forensic interview, special care must be taken by team members who are attorneys

<sup>8</sup> For example, the prosecuting attorney need not appear if there has already been a determination that there will not be a prosecution. In that event, the interview shall proceed with the remaining team members.

to obtain consent from the lawyer representing the child before participating in the interview.

b. Ethical considerations limit an attorney's ability to contact or communicate with a person who is represented by another lawyer. Each team member who has such ethical restrictions is responsible for obtaining the necessary consent before participating in the interview.

c. Nothing in this agreement affects the responsibility of team members to obtain appropriate consent.

## **VIII. Procedures at the Children's Advocacy Center**

### **A. Purpose and Goals of the Joint Forensic Interview -**

1. The purpose of the forensic interview is to gather facts and information for a legal process.
2. The goals of the forensic interview are to minimize a child victim's trauma and stress, maximize his/her recall, minimize contamination and maintain the integrity of the investigation.

### **B. The Child Interview**

1. The child and non-offending caretaker(s) will be greeted by CAC staff and introduced to the playroom and waiting areas. The interagency team members will conduct a pre-interview conference prior to the forensic interview. During the conference the interagency team will decide who will conduct the interview. The lead detective, prosecuting attorney or other team member may conduct the interview. The team may also request the services of a CAC or MDT forensic child interview specialist.
2. Children at the CAC shall be interviewed in a non-leading, non-threatening manner according to accepted forensic interview practices and principles and following the Team Interview protocol (see Attachment E).
3. As the interview comes to a close, the interviewer will momentarily leave the child and go into the observation room to ask all members of the Team for suggestions for additional questions.
4. After asking these questions, the interviewer will take the child back to the playroom.



5. The team shall gather for a post-interview conference. When the team has completed its conference, the social worker and/or detective will close out the session with the child and caretakers(s).

### C. Videotaping

1. The CAC has the ability to videotape all interviews. The decision as to whether any particular interview is videotaped rests with the interagency team, particularly with the lead detective and prosecuting civil or criminal attorney.
2. Videotapes of interviews are considered to be evidence in the ongoing criminal or civil investigation of possible child sexual abuse<sup>9</sup> and shall be secured appropriately by the Metropolitan Police Department in support of the criminal or civil prosecution. In those instances where the Metropolitan Police Department has had no involvement, the videotape shall be delivered to, and secured by, the requesting agency.
3. Videotapes of interviews shall not be used for any purpose other than (a) in connection with the investigation, preparation and prosecution of a civil or criminal case, (b) as required by court order or applicable law, or (c) for internal CAC team member peer review, case transfers, or supervisory review.<sup>10</sup>

D. Non-Offending Parent Interview - Team members may also interview the non-offending parent(s) or caretaker while at the CAC. The goal of such an interview is to gather all information needed to advance the investigation and to determine the child's placement.

E. Case Conference - Following the initial interview of the child at the CAC, the MDT shall immediately meet and share information necessary for each team member to act in accordance with its agency's mandate. The team may also discuss additional investigation that might be required to make an appropriate determination of : (1) whether the child will be removed from the home (or the offender should be ordered to stay away from the child and the home) or other action taken in the best interest of the child, (2) whether criminal prosecution will be initiated against the assailant, (3) what additional investigation is required in order to make these decisions or to successfully prosecute the civil and criminal cases, and (4) what, if any, services the child needs to begin the healing process, including referral to mental health assessment and treatment services.

### F. Case Review Session

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<sup>9</sup> Or, in exceptional cases, of fatal or serious physical abuse.

<sup>10</sup> Team members anticipate developing professional training tapes featuring non-victim subjects to demonstrate interviewing techniques.

1. The interagency team will meet bi-weekly to discuss all cases that have come into the CAC during the previous weeks, to report on the status of the case at each agency, to determine what further action, if any, needs to be taken by any agency, and to monitor any cases which have not been previously closed out. The discussion of each case will be brief and focused. Each agency representative will be prepared to succinctly report on his/her agency's action to the extent possible. Cases with special difficulties will be allotted additional time, but as a general rule, each case will be given only five to ten minutes (see Attachment F for Team Case Review Checklist).

2. Issues to be addressed at the case review shall include:

- a. a review of the determination that there was sexual abuse;
- b. a preliminary report on the initial Family Division hearing including court orders;
- c. a preliminary report on the initial criminal proceedings, including bond status of offender and any court orders;
- d. a report on additional investigative steps that have been undertaken or that need to be undertaken;
- e. a report on medical findings, if not available at the initial case conference; and
- f. any other information necessary for appropriate disposition of the case, including the status of referrals for mental health assessment and treatment.

## **Attachments**

**Authorization for Collection and Release of Evidence and Information**

**Medical Records Release**

**Medical Examination Checklist (Follow-up Checklist)**

**Medical Legal Forms**

**“Sex Kit” Forms**

**PD 124 (for sexual assault examination)**

**PD 685 (for physical abuse examination)**

**D.C. CAC Forensic Interviewing Protocol & Questioning Typology**

**Team Case Review Checklist**

## AUTHORIZATION OF THE RELEASE OF MEDICAL RECORDS

**To:**

\_\_\_\_\_  
NAME OF MEDICAL FACILITY OR DOCTOR  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Re:**

\_\_\_\_\_  
PATIENT'S NAME

**DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**I hereby authorize and request the release to the Office of the United States Attorney and/or the Metropolitan Police Department and/or the Office of the Corporation Counsel for the District of Columbia all records, reports, photographs, X-rays, and documents relating to any examination and/or treatment I received on or about: \_\_\_\_\_.**

DATE OF TREATMENT

**A photocopy of this authorization is acceptable to release my medical records.**

**If there are any questions concerning this authorization, please contact Assistant United States Attorney \_\_\_\_\_ on (202)**

\_\_\_\_\_  
**Or Detective \_\_\_\_\_ on**

\_\_\_\_\_  
**Or Assistant Corporation Counsel \_\_\_\_\_ on (202)**

\_\_\_\_\_

\_\_\_\_\_  
**Signature of patient or parent/guardian  
 if patient is under 18 years old**

\_\_\_\_\_  
**Date**

**Case Name:** \_\_\_\_\_

**Case number:** \_\_\_\_\_

## MEDICAL EXAMINATION CHECKLIST

### NOTE TO THE DETECTIVE:

This checklist is to be provided to the parent/caretaker. The parent/caretaker should in turn forward this checklist to the physician conducting the child's follow-up medical examination. This checklist serves as a guideline for the physician – in particular if the child will not receive their follow-up care by the Child and Adolescent Protection Unit at Children's National Medical Center (CNMC).

### NOTE TO THE PHYSICIAN:

All of the procedures marked with an "X" must be conducted BOTH at the initial medical examination as well as the follow-up examination.

A Sex Abuse Forensic Kit should only be collected at the initial examination, if the alleged incident of abuse occurred within 72 hours of the medical examination.

Photographs (with use of colposcope) need only be taken at the child's initial examination.

PROCEDURE	INITIAL EXAMINATION	FOLLOW-UP EXAMINATION
Child Interview	X	
Parent/caretaker Interview: Please document the child's		
Past Medical History		
Medication History	X	X
Hospitalization History		
Allergies		
Medical Problems		
Physical Examination of the Child	X	X
<b>(Please document current     Tanner Stage!)</b>		
Laboratory Tests:		
Gonorrhea culture		
Throat		
Rectal	X	X
Vagina and/or Urethra		
Chlamydia culture		
a. Vagina and/or Urethra		
Pregnancy Test		
<b>(if indicated and if child is     Menarchal)</b>	X	X
HIV testing and Syphilis screen (depends in history and on physical examination)	X	X
Photographs (with colposcope)	X (at initial examination and if examination is abnormal)	

Sexual Abuse Forensic Kit  
("Sex Kit")

**X**  
(if the alleged incident of abuse  
occurred within 72 hours of the  
medical examination)



## MEDICAL LEGAL FORMS

For medical examinations of reports of an alleged sexual assault made within 72 hours of the time of occurrence of the incident, the medical forms included in a “Sex Kit” should be used. These include the Authorization for Collection and Release of Evidence and Information (Attachment A), as well as the following: Step 2 - Victim’s Medical history and Assault Information & Step 13 - Anatomical Drawings.

The Medical Legal or PD 124 (for Sexual Assault) can be used for incidents reported after 72 hours of the time of occurrence for the alleged incident.

For medical examinations of physical abuse allegations, the form PD 684 Medico-Legal Form for Abused Children should be used.